

01-R-1776

Entered - 8-14-01 - sb
CL 01L0512 - ALEXIS HOLMES

CLAIM OF: **ROSA P. WILLIAMS**
1 Russell Drive
Hiram, Georgia 30141-2129

For damages alleged to have been sustained as a result of stepping on
a broken catch basin cover on July 25, 2001 at 100 Edgewood
Avenue, NE.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robt M. G. DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0512

Date: 10/15/01

Claimant /Victim ROSA P. WILLIAMS

BY: (Atty) _____

Address: 1 Russell Drive, Hiram, Georgia 30141-2129

Subrogation: _____ Claim for Property damage \$ Unspecified Bodily Injury \$ _____

Date of Notice: 8/10/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 7/25/01 Place: 100 Edgewood Avenue, NE

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action _____

NATURE OF CLAIM: The claimant alleges that she sustained injuries when she stepped on a broken catch basin cover on the sidewalk. An investigation determined that the City did not have notice of a broken catch basin cover at this location prior to the July 25, 2001 occurrence. The City has taken steps to repair the cover. Furthermore, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

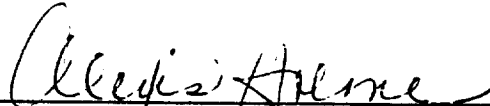
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

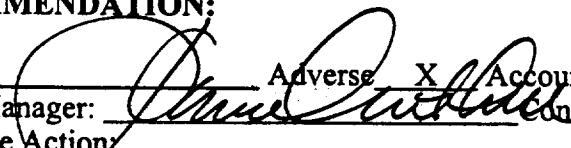
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10/18/01

Committee Action _____ Council Action _____

RECEIVED AUG 10 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7-30-01

Dear Municipal Clerk:

ENTERED - 8-14-01 - SB
01L0512 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ UNDETERMINED property and/or \$ UNDETERMINED bodily injury for which I contend the City is liable.

1. Date of incident: 7-25-01 (month/day/year) 2. Time of Incident: 10:40 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): 100 EDGEWOOD (IN FRONT OF UNITED WAY BLDG.)
5. Name of your insurance company: AETNA US HEALTHCARE Policy No. HPDZZ020
6. State what and how incident occurred: PLEASE SEE ATTACHMENT.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Rosa P. Williams
Signature of Claimant

Rosa P. Williams
(Print Claimant's Name)

1 Russell Dr.
(Address)

Hiram Ga. 30141-2129
(City, State and Zip Code)

47616-7134 77222-9702
(Work Number) (Home Number)

ATTACHMENT

Date: July 30, 2001

To: City of Atlanta

From: Rosa P. Williams
1 Russell dr.
Hiram Ga. 30141-2191
(770) 222-9702 hm. / (404) 616-7134 wk.

Re: **ACCIDENT**

On Wednesday, July 25, 2001, my husband was dropping me off at work. Heading west on Courtland ave., we approached the United Way building, where I work. After parking in front of the building, I got out of the car on the passenger side and stepped on the side walk. After walking a few steps toward the building, I stepped on a manhole which had a cover on it. The lid flipped up, and I fell. Trying to avoid falling down in the hole, I encountered a very hard fall on my side. The lid jammed my right leg and foot, with my foot pinned inside the hole by the lid.

At that time my husband got out of the car and released my right foot. He then lifted me up and into the car.

Building security who witnessed the accident stated that a company had been working in that area, and obviously did not secure the manhole cover after they opened it. There were no cones or warning signs in the area.

I was then taken to Grady Hospital Emergency room by my husband.

Thanks,
Rosa P. Williams

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